DHHS Office of Adult Mental Health Services QUARTERLY REPORT -- ¶280
August 2006

INTRODUCTION

This is the second of the reports of the Department of Health and Human Services under the June 30, 2005 Consent Decree plan. By this report, the Department will:

- Report on implementation of specific action steps in the Consent Decree Plan designed to complete development of a comprehensive community mental health system;
- Present data that shows how the system is operating relative to the performance standards; and
- Report corrective actions that DHHS is taking in response to monitoring data on performance standards and quality improvement.

Part I of the quarterly report, entitled Systems Development, addresses implementation of the specific action steps in the Consent Decree Plan designed to complete development of the system.

Part II, entitled Operation of the Mental Health System**,** includes monitoring data showing how the system is operating in reference to the performance standards in the approved Plan. The first section contains data relating to the community standards and the second section contains performance measures data for the Riverview Psychiatric Center along with the progress on action steps.

I. System Development

A. Managed Care

Managed Care Activities Update

The Governor has asked DHHS to issue a request for proposal (RFP) to select a managed care company after Mercer, the state's actuarial consultant, has completed the cost analysis, which is expected by October. The Governor has also asked the Department to report regularly in regard to accomplishing milestones and how we are including more consumer input. To that end, the Office Directors have written to the consumer and family groups to ask them for nominees of consumers to assist the Department in the RFP development. DHHS will ask three consumers to assist us: one adult consumer of mental health services, one family member of a child who uses services, and a consumer of substance abuse treatment services

OAMHS held four consumer work group sessions on topics related to the managed care RFP:

- May 16, 2006….Consumer participation and role in the structure of the ongoing work: membership on MCO advisory groups, membership communication, membership education, consumer involvement in quality management, and recovery and peer services;
- May 18, 2006….Grievance and appeals process;
- May 19, 2006….Outcomes and performance measures;
- May 23, 2006….Consumer access, consumer choice, eligibility, and medical necessity.

OAMHS hired Advocacy Initiative of Maine to facilitate this work and a full report is included as Attachment A. This work will be used to inform the writing of the RFP.

The Department held open forums at the DHHS Offices on 7/24, 7/26 and 7/27 for consumers and families to talk about the DHHS plans for managed care for behavioral health services and to answer questions, listen to concerns and get input. We covered 14 sites and offered an afternoon and an evening meeting at each site.

Beacon Readiness Review

Beacon Health Strategies and DHHS staff successfully completed an implementation process and launch of Beacon Readiness Review on July 1. Review procedures commenced for the following services:

- Outpatient Services for adults who are also receiving community support and/or PNMI services, up to a maximum of 10,000 members;
- Community Support Services (CI, ICI, ACT);
- Hospital Services (mental health and substance abuse only);
- Psychiatric Facility Services (provided by private psychiatric facilities in Maine and out of state);
- PNMI (behavioral health only; MaineCare Benefits Manual, Appendix B, D, and E facilities only)

In order to achieve the July 1 launch date, Beacon and DHHS staff members accomplished the following:

- Provided an overview of managed care readiness implementation to 13 provider agencies and 6 different stakeholder groups;
- Conducted provider trainings in Portland, Bangor and Augusta for approximately 350 attendees;
- Established 9 workgroups and developed review protocols for all services covered in the Beacon contract;
- Developed and completed power point training aids incorporating all protocols, level of care criteria, and web based systems;
- Designed web-based system for tracking PNMI utilization and non-categorical members use of outpatient services;

To date, 124 adult inpatient service reviews and 152 adult community support reviews have been conducted.

B. Action Steps to Improve Consumer Involvement

Action Step 1: Transition to Consumer Council System

OAMHS is working with the Transitional Planning Group, the consumer workgroup charged with developing a proposal for the structure of the consumer council system. Summaries of the meetings are included in this report as Attachment B.

The Transitional Planning Group continues to join with the Consumer Advisory Group to function in an advisory capacity to the Office of Adult Mental Health Services. There is a consumer chair of this interim advisory group. The group sets its own agendas and the Director of OAMHS meets with this group at the monthly meetings to provide Departmental updates and receive valuable consumer input to

OAMHS. This group held a special consumer forum with Elizabeth Jones on May 4, 2006 to discuss issues of continuity of care and vocational services. The event was attended by over forty consumers and their input was included in Ms. Jones' report to DHHS.

Action Step 2: Clarify Basic Elements of a Consumer Council System

The Transitional Planning Group continues to work on clarifying the basic elements and structure of the independent Statewide Consumer Council System. The group is drafting a proposed structure and has not yet put out a draft to the larger consumer community for feedback. The Transitional Planning Group will hold three regional conferences to kick off the development process. This would include significant outreach efforts to consumers to ensure diversity of participants, education of the consumer community in advance and a structure by which the three temporary regional councils would develop. The regional councils will support the development of local councils, which would become the feeder system for the statewide consumer council.

Action Step 3: Provide Ongoing Support to Councils

Funding in the amount of $323,000 was approved by the second session of the 122nd Legislature to support the councils. The Transitional Planning Group is able to access these funds for this development process and has hired a facilitator to assist.

Action Step 4: Assure Adequacy of Maine Warm Line

The Amistad state-wide warm line currently operates from 5p.m. to 1:30 a.m. daily, and is staffed by three peer specialists from 5 pm to 9 pm and two peer specialists from 9 pm to 1:30 am. Data demonstrates that the majority of calls (85%) occur between the hours of 5:00 p.m. and midnight. The months of May, June and July have seen a total number of monthly calls ranging from 1,244 to 1,392, with thirty to forty calls from new individuals each month.

OAMHS conducted a survey about both local warm lines and the statewide warm line at the annual Recovery/Wellness conference in June. Eighty attendees completed the survey. The survey and the results are Attachment C.

DHHS is negotiating with an external evaluator to develop an evaluation plan for both the state-wide warm line and the local warm lines, including data that is currently being collected. The evaluation will assess the effectiveness and efficiency of the warm line, the impact of the model on promoting recovery, and a cost analysis of the service. This information will then be used for decisions regarding maintenance or expansion of the warm lines.

The second session of the 122nd Legislature approved our request for an additional $90,000 in funding for the Amistad warm line and that amount has been added to their contract for a total of $214,877 in OAMHS State General Fund support.

Action Step 5: Improve Peer Services in Emergency Departments (EDs)

DHHS is in the process of securing an external evaluator to help evaluate both peer services in Emergency Departments as well as the state-wide and local warm lines.

Action Step 6: Promote Consumer Participation in Licensing

Consumer participation in licensing is one of the areas that will be addressed by the Transitional Planning Group. OAMHS will then do outreach, training and provide financial support for consumer participation in licensing reviews. Training will begin in the spring of 2007. OAMHS will request additional funding for this effort in the next legislative budget.

C. Action Steps to Improve Vocational Opportunities

Since the submission of the last quarterly update in May, Elizabeth Jones and Roberta Hurley have submitted their final recommendations on how DHHS could improve vocational programs for adults with psychiatric disabilities. These recommendations were received at the end of May. OAMHS has had extensive discussions and is developing a set of revised action steps in response to the Hurley and Jones' recommendations. These will be incorporated in Consent Decree plan amendments to be submitted to the Court Master shortly.

Update

Below are updates for each of the Action Steps identified in the November 2005 plan.

Action Step 1: Expand Employment Expertise in Provider Agencies

Ms. Jones recommendation was an endorsement of our general approach. We agree with her thinking that all members of mental health treatment teams in provider agencies need to receive training on the importance of work to recovery and engagement of the consumer in ongoing discussions about work.

We have had discussions with staff of the Center for Community Inclusion at the University of Maine about adapting the Maine Employment Curriculum (MEC) for training community support workers in a revised and abbreviated format. There

are a number of critical details to work out to proceed with this Action Step, including:

1. What elements of the MEC will be used, and will new content be needed to address the needs of this new audience?
2. How will this training be delivered? The latest quarterly case management wait list identified a total of 533 adult mental health community support workers currently employed at contracted provider agencies. Ms. Jones also recommended involving DVR employees in this training as well; this would add approximately 600 individuals to be included in this training. We will identify, with providers and with the University of Maine, an effective and efficient way to deliver this training.

The second major issue related to this Action Step is ensuring that new community support workers have this orientation to employment before they start work at a provider agency. DHHS is exploring whether and how we can accomplish this through a modification of the existing curriculum for Mental Health Rehabilitation Technicians (MHRT), which is the required certification for all community support workers employed at contracted agencies. Currently, the MHRT certification offers an option of group process or vocational programming.

Action Step 2: Expand Employment Support Alternatives

DHHS staff has participated in two visits to employment programs with Roberta Hurley – one to the Capitol Clubhouse in Augusta, and the second to Maine Medical Center's Vocational Rehabilitation Program. The purpose of these visits was to obtain information about different approaches to providing employment support to persons with psychiatric disabilities. These visits and the variety of perspectives expressed in the two meetings hosted by Elizabeth Jones confirmed that consumers and providers are more united by the outcome of competitive employment than by the model of service utilized to achieve that outcome.

In addition, DHHS staff met with the Employment Specialists who are part of the ACT teams

Ms. Jones does recommend that DHHS utilize the supplemental funds received in the last Legislative session as grants to develop infrastructure for employment supports. This discussion has already taken place among OAMHS staff and both the employment specialists and the benefit specialists will be increased by October 2006.

Action Step 3: Improve Long Term Vocational Support Program

The bi-monthly meetings between AMHS and the three Regional Long Term Vocational Support Coordinators (LTVSCs) described in the last update continue. The agendas for these meetings include program and client issues, relationships with DVR offices and employment providers. The next meeting will focus on designing and implementing a fidelity review of our contracted employment programs. This review will be done in coordination with the Office of Quality Improvement and will include consumers as a part of the review process.

Action Step 4: Improve Services by Monitoring the VR Wait List

OAMHS is actively monitoring the wait list. As reported in the last Update, the DVR wait list continues to decline in accordance with the projections made last spring. It currently averages 4 months across the state. DVR staff were active participants in the two employment meetings hosted by Elizabeth Jones, and also met separately with her, Roberta Hurley and AMHS staff to discuss the challenges and opportunities of their respective agencies pertaining to employment supports for adults with psychiatric disabilities.

DHHS will engage with DVR in a series of discussions to produce a new Cooperative Agreement that is much more comprehensive and detailed than the existing Agreement.

D. Continuity of Care

Staffing

Ron Welch began work in early June as the permanent Director of the Office of Adult Mental Health Services and Don Chamberlain started at the same time as the Community Systems Manager. His role is to oversee the regional operations and address improvements in the system of care. Additionally, we are in the process of hiring permanent mental health team leaders (two are still only in acting positions and the Region II position is vacant), and a consumer specialist for the Office of Consumer Affairs. The Continuity of Care position is now vacant and we will begin recruiting for this position shortly. This marks a tuning point for OAMHS as we will be fully staffed for the first time in years.

Funding

The second session of the 122nd legislature approved the following initiatives in response to the DHHS request for additional funding for Consent Decree compliance and improvements in continuity of care:

Initiatives	Funding

Consumer Councils	$323,000 State General Fund (SGF)
Warm Lines	$90,000 SGF
Crisis Residential Units	$230,950 MaineCare (MC) seed
Residential Development	$640,000 MC seed and $109,000 SGF
Forensic ACT Teams	$121,222 SGF $305,237 MC seed $270,000 moved from RPC to MC seed account
Geriatric Residential	$360,000 MC seed
Advocacy Initiative of Maine	$100,000 SGF
Vocational Services	$200,000 SGF
Services for MC Non-categoricals	$178,000 SGF

Rapid Response

The rapid response protocol has been implemented and OAMHS is meeting with each community hospital to review the procedure. Region III has been completed, Region I is almost done, and Region II is in process. The protocol was included in the May 2006 report as Attachment 24.

E. Assuring Quality Services

Document Review

OAMHS is completing the revision of the document review protocol for implementation in August and September by the Consent Decree Coordinators. The protocol has been modified to include more monitoring of crisis plan adequacy, recovery and generic (nonsegregated activities), employment emphasis, and referrals of family members to family support groups.

Fidelity Review of ACT

OAMHS and the Office of Quality Improvement (OQI) have completed the fidelity reviews of the nine ACT Teams in Maine as part of our evidence based practice initiatives. Teams of OQI and OAMHS staff and consumers were trained in the fidelity measurements and protocols for agency review, then went to agencies to complete week long reviews. These reviews included record review and staff and consumer interviews. OAMHS and OQI are currently completing the analysis of the reviews, and then will be meeting with agencies to review findings and develop next steps. These may include training, record improvements, and ongoing quality reviews to continue to monitor and improve functioning.

F. Riverview Psychiatric Center Progress on System Development

Action steps reported in the last quarter that have been completed are now monitored in the Quarterly Quality Improvement Report and are not restated in this section.

Forensic ACT Team

The development of policy, budgeting and billing processes, creation of education and training materials, and drafting of rule changes is underway. A firm date for implementation will be set once the transfer of RPC and community mental health positions and the rule process have been completed and the residential arrangements implemented.

Advocacy

Two on site advocates have been contracted through Disability Rights Center and reports are an addendum to the Riverview Quarterly Improvement Report in Part III.

Clinical Consultation

Riverview has conducted nine Clinical Case Conferences from April through June.

Part II Operation of the Mental Health System

A. OAMHS Community Performance Data

(Insert Standards pages 1 through 44)

Additional Information Regarding Public Education, Standard 34

Topic	Type	Date(s)	Level of Participation
RECOVERY			
"Recovery from Mental Illness is Possible"	Newspaper Op-Ed Column (Kennebec Journal)	June 12, 2006	Kennebec Journal readership
"Partnership in Community: Recovery is Everybody's Business"	DHHS statewide Recovery/Wellness Conference	June 28, 2006 Augusta	150 participants
"Coming of Age, Claiming our Power"	DHHS Deaf Services Conference	June 30, 2006 Portland	150 participants
BEST PRACTICES			
"A New Understanding of Distress & Suicidal Behaviors, Changing Our Approach Together: A Maine Systems' Challenge"	Conference	April 24 Augusta	151 participants
"Involuntary Mental Health Commitment Hearings: Protecting Civil Rights"	Conference	June 13 Hallowell	131 participants
Crisis Intervention Team (CIT) training for police officers	Workshops provided through a contract with NAMI Maine	April 24-28 Rockland PD; May 1-5 Pisc. Cnty Jail; June 5-9 Bangor PD.	120 hours total, 53 total participants
Education for consumers, family members and providers on various topics including Understanding MI, Stigma, De-escalation, etc.	Workshops provided through a contract with NAMI Maine	16 workshops in schools, YMCA, provider agencies.	40 hours total, 370 total participants
MANAGED CARE			
Managed Care Provider Updates	Letter from Commissioner Harvey	Posted to website weekly	Visitors to web page

Managed Care Stakeholder Group	Meeting	May 2, 2006 Augusta	54 participants
Managed Care Stakeholder Group	Meeting	June 14, 2006 Augusta	41 participants
Provider Orientation and Training Sessions	Training	June 16 Portland; June 19 Bangor; June 20 Augusta	participants: 96 Portland; 27 Bangor; 77 Augusta
Adults with SPMI Sub-Group	Meeting	April 10 Augusta	19 participants
Adults with SPMI Sub-Group	Meeting	May 12 Augusta	10 participants
Elders and Adults—General Population Sub-Group	Meeting	April 7 Augusta	10 participants
Elders and Adults—General Population Sub-Group	Meeting	May 17 Augusta	6 participants
Behavioral Health Managed Care Finance Sub-Group	Meeting	May 25 Augusta	30 participants
Substance Abuse Sub-Group	Meeting	April 7 Augusta	13 participants
Substance Abuse Sub-Group	Meeting	April 12 Augusta	7 participants
Substance Abuse Sub-Group	Meeting	May 16 Augusta	6 participants
Housing Ad-Hoc Meeting	Meeting	April 10 Augusta	14 participants

The following is additional information about the major events listed in the preceding chart.

Recovery:

On June 12, 2006 an op-ed column entitled "Recovery from Mental Illness is Possible", written by David Proffitt, Superintendent of the Riverview Psychiatric Center, appeared in the Kennebec Journal. In the column Mr. Proffitt dispels some of the myths about mental illness and explains advancements in the mental health field that have taken place over the past twenty years. He also references research and national reports indicating that many people diagnosed with mental illness do recover. Mr. Proffitt goes on to ask people who have a personal story of recovery to share their experiences with others who may be in need of hope and inspiration. People willing to share their stories are asked to mail their story to the Peer Support Coordinator at RPC, to be collected and posted on the RPC web page.

The annual Recovery/Wellness Conference, sponsored by the DHHS Office of Consumer Affairs, was held June 28 at the Augusta Civic Center. The theme this year was "Partnership in Community: Recovery is Everybody's Business". Over 150 individuals who receive mental health services, and providers of mental health services, attended the conference. The keynote address, "Recovery Is A 'We' Thing" was delivered by Priscilla Ridgway, PhD of the Yale Program for Recovery and Community Health. Ten workshops were presented by Mainers who are in recovery. There were also featured workshops by Dr. Ridgway and by Amy Long of the National Empowerment Center.

The 18th annual DHHS Deaf Services Conference, entitled "Coming of Age, Claiming our Power" took place June 30, 2006 at the University of Southern Maine Portland campus. Topics included trauma, mental health recovery, aging, and accessibility. A Maine Deaf woman presented "From Vision to Action: The Healing Labyrinth at Mackworth Island" to inspire trauma survivors to take action toward their own growth and healing. The conference was attended by 150 people.

Best Practices:

On April 24 one hundred fifty one people attended a conference at the Augusta Civic Center entitled "A New Understanding of Distress and Suicidal Behaviors, Changing Our Approach Together: A Maine Systems' Challenge". The keynote speaker, Kirk Strosahl, PhD, a published author of two books and numerous theoretical and research articles on the topic, discussed both clinical and systems issues related to chronic suicidality. Afternoon break out groups focused on how to improve collaboration and coordination within each Region to better serve individuals experiencing chronic suicidality.

The Office of the Attorney General and the DHHS Office of Adult Mental Health Services co-sponsored a conference on June 13 entitled "Involuntary Mental Health Commitment Hearings: Protecting Civil Rights". One hundred and fifty one individuals from the legal and mental health professions as well as mental health consumers were in attendance. The conference explored legal and clinical issues to be considered in involuntary commitment, including alternatives to hospitalization, and strategies for how best to represent an individual in an involuntary commitment hearing. The agenda also included training on 7-01-06 changes to the law on involuntary commitment as well as a moving testimonial regarding the personal impact of forced hospitalization.

Under a contract with DHHS Adult Mental Health Services, NAMI Maine provides Crisis Intervention Team (CIT) training to police departments across the state. CIT is a pre-booking jail diversion program. CIT teams are specially trained police officers who have the skills to recognize and respond appropriately to people experiencing a psychiatric crisis. Their role is to avoid arrest and incarceration if possible. CIT officers are trained to understand the local mental health system, have established working relationships with service providers and emergency rooms, and do their best to either resolve the issue or take the person to a treatment setting.

Also under a contract with DHHS Adult Mental Health Services, NAMI Maine provides public education on a variety of topics such as Understanding Mental Illness; "Stigmabusters"; De-escalation and Effective Communication; and Adolescents and Substance Abuse.

Managed Care:

DHHS, in partnership with Good Group Decisions of Brunswick as facilitators, held a series of meetings to provide information and gather input from stakeholders about the Department's behavioral health managed care initiative. All meetings were open to the public and upon request individuals could participate via phone or webcam. Participants were also invited to join an email distribution list for periodic updates. All meeting notes are posted on the DHHS managed care web page.

Beacon Health Strategies held Provider Orientation and Training sessions in June in Portland, Augusta and Bangor in preparation for the service reviews which started July 1, 2006. The total number of participants was two hundred. Participants were provided with an information packet on the Provider Readiness Initiative as well as with a Clinical Service Review Matrix. These materials and others are also posted on the Beach Health Strategies web site.

Corrective Actions in response to for Performance and Quality Improvement Data

Department staff review of the quarterly performance data included in Part II A revealed several areas that require further review and corrective action. They relate to the following performance standards:

Standard 7measure1b. ISPs reviewed in which there was a crisis plan..30%.
Action:

- The document review to be conducted by the CDCs in August and September will gather important data on the extent to which crisis plans are included in the ISPs and will be compared to this result.
- Agency training in the importance of preparing crisis plans will be offered by CDCs on site during the document reviews, and through the issuing of requests for corrective action to agencies.
- Crisis plans will be on the agenda for regional provider meetings in September, along with a notice to providers regarding compliance with this requirement.

Standard 9 measure 1. ISPs with services identified and with a treatment plan signed by each provider…46.7%

Action:

- Steps same as previous standard.

Standard 16 measure 1. Class member admission to the hospital determined to be reasonably near an individual's local community of residence….66.7%.

Action:

- OAMHS data review to determine if this is occurring in specific geographic areas or statewide; is it due to lack of hospital capacity, or inadequate staffing, and whether other factors contributed to admission outside local area.
- Results of this analysis will be provided to staff and providers to problem solve and develop regional "ownership" strategies.

Standard 18 measure 1. Class members admitted with ISPs for whom hospital obtained ISP….8.3%

Action:

- OAMHS will contact hospitals and community support providers directly to determine and solve problems regarding the lack of ISP continuity.

Appendix: Adult Mental Health Data Sources

Annual Provider Survey

Data Type/Method: Provider Completed Survey; Completed by Community Support Workers and their Supervisors.
Target Population: All AMHI class members receiving Community Integration Services.
Approximate Sample Size: 1500 annually.

The Provider Survey is an annual point-in-time status assessment of all Class Members who are receiving Community Integration, Intensive Case Management, or Assertive Community Treatment (ACT) Services. The survey is designed to capture information regarding housing, employment, waiting for services, legal status, case management caseloads and utilization of treatment services. The survey is administered by Regional Consent Decree Coordinators (CDC) offices and completed by Community Support Workers, Intensive Case Managers, and ACT Providers. Six annual administrations of the survey have been completed. The survey was initially implemented in the summer of 2000.

Annual Class Member Survey*:*

Data Type/Method: Mail Survey
Target Population: AMHI Class Members.
Approximate sample size: 600 annually.

The Annual Class Member Survey is administered by mail in the spring. It is sent to all AMHI class members who reside in Maine. Consumers are asked to rate the quality and accessibility of their services. The survey contains demographic data, information about consumer satisfaction and information on questions to consumer outcomes.

Adult Consumer Satisfaction Survey (Data Infrastructure Grant):

Data Type/Method: Mail Survey
Target Population: Stratified random sample of consumers receiving Medicaid reimbursable Adult Mental Health Services.
Approximate Sample Size: 600

The Maine DHHS/OAMHS consumer survey is an adapted version of the National Mental Health Statistics Improvement (MHSIP) Consumer Survey that was specifically designed for use by adult recipients of mental health services. The survey is administered by mail in the Summer. It is currently used by all State Mental Health Authorities across the country and will allow for state-to-state comparisons of satisfaction trends. The survey was designed to assess consumer experiences and satisfaction with their services and support in four

primary domains, including: 1) Access to Services; 2) Quality and Appropriateness; 3) General Satisfaction; and 4) Outcomes.

Community Hospital Utilization Review Summary:

Data Type/Method: Service Review/Document Review
Target Population: Individuals admitted to community inpatient psychiatric hospitals on an emergency involuntary basis.
Approximate Sample Size: 140 admissions per quarter.

The Regional Utilization Review Nurses have responsibility to perform a clinical review of all individuals who are authorized for a community psychiatric admission utilizing Department funds. These occur primarily in Regions I and II. Utilization Review Nurses review all community admissions for appropriateness of the admission, including: compliance with active treatment guidelines; whether medical necessity was established; Blue Paper process completed; and patients rights were maintained, etc. The data collected as part of the clinical review is captured regionally and entered into a data system. Data is reported quarterly within the Consent Decree Performance Indictors and Quality Improvement Standards.

Community Support/PNMI Residential Enrollment Data:

Data Type/Method: Database containing demographic, clinical and diagnostic data for all consumers in Adult Mental Health Community Support Services and Adult Mental Health Residential (PNMI) Services.
Target Population: Adult Mental Health Consumers receiving Community Support or PNMI services.
Approximate Sample Size: 1600 consumers enrolled in Community Support or Adult Residential PNMI services.

The Enrollment database contains data elements for all Adult Mental Health Consumers who receive Community Support or Adult Mental Health Residential (PNMI) Services. The database was established in July of 2004 and began collecting the following data elements upon consumer enrollment into services; demographic data, DSM diagnostics, LOCUS scores, GAF scores, insurance type, and current services.

Community Support Services Wait List Data:

Data Type/Method: Provider Completed Survey; Completed by supervisors of Assertive Community Treatment (ACT), Community Integration (CI), Intensive Community Integration (ICI) and Intensive Case Management (ICM).
Target Population: Consumers receiving Community Integration/Assertive Community Treatment or Intensive Case Management from DHHS/OAMHS contracted agencies.
Approximate Sample Size: Wait List data is collected from over 50 sites statewide monthly.

Regional Consent Decree offices collect waiting list information once a month from contracted agencies that provide ACT, CI, ICI and ICM services. This data provides a monthly snapshot of individuals without Community Support Services who are presently waiting for a worker to be assigned to them. This data source also provides a snapshot of case management staff vacancies as well as consumer to worker ratios. Data is collected and summarized for Class and Non-Class Members. Data is reported quarterly within the Consent Decree Performance Indictors and Quality Improvement Standards.

Grievance Tracking Data:

Data Type/Method: Database containing information pertaining to Level II and Level III Grievances.
Target Population: Consumers receiving any Mental Health Services licensed, contracted or funded by DHHS.

The Tracking Data System contains grievances and rights violations for consumers in Adult Mental Health Services. The data system tracks the type of grievance, remedies, resolution and timeliness. Data is summarized and reported annually and quarterly within the Consent Decree Performance Indictors and Quality Improvement Standards.

Individual Support Plan Document Review:

Data Type/Method: Service Review/Document Review
Target Population: Class Members receiving Community Support Services (ACT, CI, ICI, ICM)
Approximate Sample Size: 80 reviews per quarter.

The Regional Consent Decree Coordinators have responsibility to perform a review of class members receiving Community Support Services. Data collected as part of the review is captured regionally and entered into a data system. The ISP Document Review focuses on ISP goal development including the incorporation of strengths and barriers, the identification of unmet needs and consumer participation in the planning process.

Individulized Support Plan (ISP) Resource Data Summary (ISP RDS) tracking System:

Data Type/Method: ISP RDS submitted by Community Support providers
Target Population: Adult Mental Health Consumers who receive Community Support Services (ACT, CI, ICI, ICM), PNMI Services or who request a service and are not in service.

The ISP Resource Data tracking system was implemented in March 2006. The data is maintained and reported on through the DHHS Enterprise Information System (EIS). The ISP RDS captures ISP completion dates and consumer

demographic data. The ISP RDS also captures data on the current housing/living situation of the person receiving services as well as the current vocational and employment statuses. Needed resources are also tracked and include the following categories; Mental Health Services, Peer, Recovery and Support Services, Substance Abuse Services, Housing Resources, Health Care Resources, Legal Resources, Financial Resources, Educational Resources, Vocational Resources, Living Skills Resources, Transportation Resources, Personal Growth Resources and Other. The ISP RDS calculates unmet needs data by comparing current 90 day reviews to previous 90 days reviews. As the system was implemented in March 2006, the system is will be undergoing additional refinements in data collection and data reporting. Data is reported quarterly within the Consent Decree Performance Indictors and Quality Improvement Standards.

Quarterly Contract Performance Indicator Data:

Data Type/Method: Performance Indicators
Target Population: All consumers receiving DHHS/OAMHS contracted services.
Approximate Sample Size: All consumers receiving DHHS/OAMHS contracted services.

The Quarterly Contract Performance Indicator System was implemented in July of 1998 at which time common performance indicators and reporting requirements were included in all contracts with provider agencies. Specific indicators were developed for each of the Adult Mental Health services areas. Performance indicator data is submitted by each contracted provider agency to the appropriate DHHS Regional Office as part of a standard quarterly reporting requirement. Upon receipt of the quarterly performance data, it is reviewed and checked for accuracy and is entered into a centralized data system. Data is reported quarterly within the Consent Decree Performance Indictors and Quality Improvement Standards.